

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) **FILE NUMBER**

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For 28 PH 1: assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes X No TAMMY BAITS CLERK	z [:	<u>.</u>
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	ame		
REELECT ELIZABETH "LIZ" A. WALDEN FOR SHERIDAN CLERK-TREASUF			
2. Acronym or Abbreviated Name (if any)		mittee Telephone i	Number
	(317)7	758-6100	
4. Mailing Address (address where all campaign finance correspondence is received)	neck if thi	s is a new address	
301 EAST 4 TH STREET			
5. City, State, ZIP Code	6. Party	y Affiliation <i>(if applie</i>	cable)
SHERIDAN, IN 46069	REPUE	BLICAN	
CANDIDATE INFORMATION (For Candidate's Co	ommitte	ees Only)	
7. Full Name of Candidate (include any nickname)	8. Party	y Affiliation or If Ind	ependent Candidate
ELIZABETH "LIZ" A. WALDEN	REPUE	BLICAN	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	unty of Residence	HAMILTON
TOWN OF SHERIDAN CLERK-TREASURER			
TYPE OF REPORT		CON	VENTION CANDIDATES ONLY
11. Check one:		Chec	k one:
Pre-Primary Pre-Election Annual Nomination Other			Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of	Organization	") [F	Post-Convention
12. Reporting Period:		COLUMN	
From: 4/11/2015 Through: 10/9/2015		This Perio	d Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$978.60	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS	Neget 1980		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00	4 775 00
15a. Itemized (use Schedule A)		0.00	1,775.00
15b. Unitemized	~~··	0.00	0.00
15c. Add lines 15a and 15b in both columns SUBTO		0.00	1,775.00
	OTAL	0.00	1,775.00
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		070.00	4 775 00
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		978.60	1,775.00
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns SUBT	TOTAL	978.60	1,775.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (use Schedule D)			STIMB NA: ONT AMMAMA
20. Debts OWED TO the committee (use Schedule E)		0.00	Carried State of the Control of the
ICATION			FOR OFFICE USE ONLY
F MY KNOWLEDGE AND BELIEF IT IS TR	RUE, CORI	RECT AND COMPLET	- 0-5 t000 P100
tle TREASURER		Date 9/25/2015	

9/25/2015 Date ale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly on who fails to file a complete or accurate report as required by the Indiana di may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
Page _	_1_	of	11	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF
	OFFICE SOUGHT (if applicable)	PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	EXPENDITURE
Code A	COPY COMPNAY	☐ Direct ☐ In-Kind	\$107.00		4/14/15
DISCOUNT COPIES		Payment of Debt Returned Contribution			
100 MENSA DRIVE		Other			
NOBLESVILLE, IN 46069		Purpose:			
	CANDY COMPANY	Direct In-Kind	\$47.73		4/15/15
CANDY MACHINES.COM		Payment of Debt			
P.O. BOX 9,27721 N TWIN OAKS VALLEY		Returned Contribution Other			
ROAD, SAN MARCOS, CA 92069		Purpose:			
	BANK	☐ Direct ☐ In-Kind	\$3.00		4/21/15
Code O FIRST FARMERS BANK & TRUST		Payment of Debt Returned Contribution			
2400 W STATE ROAD 38		Other SERVICE CHARG			
SHERIDAN, IN 46069		Purpose:			
	CLERK-TREASURER	☐ Direct ☐ In-Kind	\$820.87		4/21/15
Code O ELIZABETH A. WALDEN		Payment of Debt			
301 EAST 4TH STREET	CLERK-TREASURER	Returned Contribution Other			
SHERIDAN,IN 46069		Purpose:			
Code		☐ Direct ☐ In-Kind			
Code		☐ Payment of Debt ☐ Returned Contribution	.1		
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
,		Purpose:			
Code		☐ Direct ☐ In-Kind			
		☐ Payment of Debt☐ Returned Contribution			
		☐Other			
		Purpose:			
	OHEROMA BILLO TA	NE OF OOUES!!! 5 7	A070.00		
TOTAL OF ALL DA	E LAST PAGE ONLY	\$978.60			
IOIAL OF ALL FA	(Enter total on ITEM 17a of t		\$978.60		



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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
F1 17 4 DFT1 1 A 14/41 DFA		\$1,000.00	3/17/2015	\$820.87 PAID	\$0.00
ELIZABETH A. WALDEN 301 EAST 4 TH STREET					
SHERIDAN, IN 46069				\$179.17 FORGIVEN	
LENDER'S OCCUPATION:					
LENGTO'S COMPATION					
LENDER'S OCCUPATION:				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					i.
		·			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LEIDERS OCCUPATION					
LENDER'S OCCUPATION					········
LENGTON COMMUNICAL					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE C	F SCHEDULE D	\$0.00
	TOTAL OF ALL	PAGES OF SCHEDUL	E D ON THE LA	ST PAGE ONLY Summary Sheet)	\$0.00

Elizabeth A. Walden

301 East 4th Street Sheridan, IN 46069 (317)758-6100

September 25, 2015

Reelect Elizabeth "Liz" A. Walden for Sheridan Clerk-Treasurer Elizabeth A. Walden, Treasurer 301 East 4th Street Sheridan, IN 46069

Re: Loan to the Reelect Elizabeth "Liz" A. Walden for Sheridan Clerk-Treasurer Committee

To Whom It May Concern:

Please be advised that the outstanding loan balance of \$179.13 that is owed to Elizabeth A. Walden by the Reelect Elizabeth "Liz" A. Walden for Sheridan Clerk-Treasurer Committee has been forgiven and therefore, no balance is owed on the debt.

Thank you,

Elizabeth A. Walden